SEYCHELLES FOOTBALL FEDERATION

STANDARD PARENTAL CONSENT FORM (v2025/01)

DETAILS OF CLUB SUBMITTING APPLICATION FOR RECRUITING

NAME OF CLUB: _____ **NAME OF CLUB OFFICIAL:** _____

ADDRESS: _____ **POSITION/STATUS:** _____

DATE: _____ / _____ / _____ **SIGNATURE:** _____

DETAILS OF CHILD PLAYER (AGED BELOW 18)

FAMILY NAME: _____ **FIRST NAME(S):** _____

DATE OF BIRTH: _____ **COUNTRY OF BIRTH:** _____

NATIONALITY: _____ **PASSPORT NUMBER / NIN:** _____

ADDRESS: _____ **PHONE NUMBER:** _____

_____ **EMAIL ADDRESS:** _____

KNOWN ALLERGIES/MEDICAL CONDITIONS: _____

_____

CHILD PLAYER SIGNATURE: _____

DETAILS OF PARENT/GUARDIAN

FAMILY NAME: _____ **FIRST NAME(S):** _____

DATE OF BIRTH: _____ **COUNTRY OF BIRTH:** _____

NATIONALITY: _____ **PASSPORT NUMBER / NIN:** _____

ADDRESS: _____ **PHONE NUMBER:** _____

_____ **EMAIL ADDRESS:** _____

CONSENT OF PARENT/GUARDIAN

VALIDITY START DATE: _____ **VALIDITY END DATE:** _____

VALID COMPETITIONS: _____

_____

As parent/guardian of my above-named child, I consent to the him/her to be registered with above-named club to participate in training and matches for above-listed competitions. This parental consent form shall be valid from the validity start date up until the validity end date.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____